

**TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(703) 303-5483**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)					SERIAL NO.	FILING DATE				
					APPLICANT(S)					
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1	1	1	1	1		51			
1	1	1	1	1	1		52			
1	1	1	1	1	1		53			
1	1	1	1	1	1		54			
4	3	3	3	3	3		55			
4	3	3	3	3	3		56			
1	3	3	3	3	3		57			
1	3	3	3	3	3		58			
4	3	3	3	3	3		59			
4	3	3	3	3	3		60			
1	3	3	3	3	3		61			
4	3	3	3	3	3		62			
7	3	3	3	3	3		63			
8	3	3	3	3	3		64			
1	1	1	1	1	1		65			
1	1	1	1	1	1		66			
1	1	1	1	1	1		67			
1	1	1	1	1	1		68			
1	1	1	1	1	1		69			
1	1	1	1	1	1		70			
1	1	1	1	1	1		71			
1	1	1	1	1	1		72			
1	1	1	1	1	1		73			
1	2	2	2	2	2		74			
1	2	2	2	2	2		75			
1	1	1	1	1	1		76			
1	1	1	1	1	1		77			
1	4	4	4	4	4		78			
1	1	1	1	1	1		79			
1	1	1	1	1	1		80			
1	1	1	1	1	1		81			
1	1	1	1	1	1		82			
1	1	1	1	1	1		83			
1	1	1	1	1	1		84			
1	1	1	1	1	1		85			
1	1	1	1	1	1		86			
1	1	1	1	1	1		87			
1	1	1	1	1	1		88			
1	1	1	1	1	1		89			
1	1	1	1	1	1		90			
1	1	1	1	1	1		91			
1	1	1	1	1	1		92			
1	1	1	1	1	1		93			
1	1	1	1	1	1		94			
1	1	1	1	1	1		95			
1	1	1	1	1	1		96			
1	1	1	1	1	1		97			
1	1	1	1	1	1		98			
1	1	1	1	1	1		99			
1	1	1	1	1	1		100			
							TOTAL IND.			
							TOTAL DEP.			
							TOTAL CLAIMS			